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**REQUEST FOR WITHDRAWAL  
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Application Number	10/660,429
Filing Date	9-12-2003
First Named Inventor	Harris, M.
Art Unit	3743
Examiner Name	(unassigned)
Attorney Docket Number	HAR-001

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Requested to withdraw by inventor.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael Harris				
Address	13910 Preacher Chapman Place				
City	Centreville	State	VA	Zip	20121
Country	US				
Telephone	(919) 740-6213		Email	mfharris_13@msn.com	
Signature					
Name	Jeffrey K. Seto		Registration No.	43,419	
Date	5-9-2005		Telephone No.	(540) 387-3072	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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